

**STATE OF MAINE**

**BOARD OF DENTAL PRACTICE**

**APPLICATION FOR**

**INDEPENDENT PRACTICE DENTAL HYGIENE**

**AUTHORITY**

- Standard Application



Maine Board of Dental Practice  
143 State House Station  
Augusta, ME 04333-0143

Office Telephone: (207) 287-3333  
Office Facsimile: (207) 287-8140  
TTY users call Maine Relay 711  
Website: [www.maine.gov/dental](http://www.maine.gov/dental)

Office located at: 161 Capitol Street, Augusta, Maine

Revised: 01/2017

## **APPLICANT INFORMATION GUIDE**

The application material you have requested from the Board of Dental Practice is enclosed. It contains all the relevant materials you need to complete your application for licensure in the State of Maine. Please read all the information carefully. If you have any questions after reading this packet, please call or e-mail our office.

### **FURNISHED TO APPLICANT**

- Application Information Guide
- Individual Application
- Verification of Licensure Form
- Verification of Clinical Practice Form
- Jurisprudence Examination
- Maine's Mandated Reporter Requirements for Suspected Child Abuse website
- Maine's Medical Professionals Health Program website

### **ADDITIONAL RESOURCES**

- Board of Dental Practice Statute, Title 32, Chapter 143

**Please read these carefully and review periodically for changes. You are responsible for knowing and complying with all Maine Laws throughout your licensure.**

Available: <http://legislature.maine.gov/legis/statutes/32/title32ch143sec0.html> or call (207) 287-3333

- Board of Dental Practice Rules

**Please read these carefully and review periodically for changes. You are responsible for knowing and complying with all Board Rules throughout your licensure.**

Available: <http://www.maine.gov/sos/cec/rules/02/chaps02.htm#313> or call (207) 287-3333

- Statutory Authority, Titles 5 & 10

Available: <http://www.mainelegislature.org/legis/statutes/10/title10ch901sec0.html>

<http://www.mainelegislature.org/legis/statutes/5/title5ch341sec0.html>

## **APPLICATION INFORMATION GUIDE**

- **National Practitioner Data Bank (NPDB)**: You are required to obtain a self-query report and submit the report to the Board with your application. Please visit NPDB's website at <http://www.npdb.hrsa.gov/index.jsp> or contact them directly at: 1-800-767-6732.
- **Out of State Background Checks**: The Board requires that you provide a criminal background check from each state in which you reside or have resided during the past 10 years immediately preceding your application. You can either contact each state individually by visiting the following link <https://www5.informe.org/online/pcr/faq.htm> or request a statewide Federal Bureau of Investigation report; see website at: <https://www.fbi.gov/about-us/cjis/identity-history-summary-checks>. If you reside/resided in the State of California then please request forms directly from Board staff.
- **Verification of Licensure Form**: The Board requires that you submit verification of licensure for any professional license ever held, i.e. expired, inactive, retired, etc. from any licensing authority as part of the application materials.
- **Certificate of Education Form**: The Board requires that your dental hygiene education be verified by the educational institution and submitted directly to the Board.
- **Mandated Reporter Requirements for Suspected Child Abuse**: Maine law requires that dentists and dental hygienists immediately report or cause a report to be made to the Maine Department of Health and Human Services (DHHS) when the licensee knows or has reasonable cause to suspect that a child has been or is likely to be abused or neglected or that a suspicious child death has occurred. Mandated Reporter Training and additional information regarding mandated reporting can be found at: <http://www.maine.gov/dhhs/ocfs/cps/>
- **Maine's Medical Professionals Health Program (MPHP)**: The MPHP works cooperatively with six Maine boards of licensure, hospitals, medical staffs, and professional associations to ensure that professionals in need of treatment and services get the help they need. The MPHP is not a treatment program, but their staff will help professionals to find the resources they need, to better understand the treatment and recovery process, and to implement strategies for return to safe practice.  
<https://www.mainemed.com/member-services/medical-professionals-health-program>
- **10 Day Reporting Requirement**: Please be advised, pursuant to 32 MRS §18352, licensees and applicants are to report to the Office, in writing, any change of name or address on file with the Office, any criminal conviction, any revocation, suspension or other disciplinary action taken in this or any other jurisdiction against any occupational or professional license held, or any material change set forth in this application within ten (10) days:
- Please submit your application materials to the Board by mail or hand delivery to our office. **Faxed submissions will not be accepted.** Your application will be reviewed and processed in the order that it was received. Application reviews generally take at least two weeks, barring any action required by the full Board, or any high volume renewal of licensure periods.
- If there are deficiencies with your application, you will be notified by mail. You may also check the Board's website at [www.maine.gov/dental](http://www.maine.gov/dental). It is the responsibility of the applicant to see that all documentation is completed and returned to the Board for consideration.

## **INDEPENDENT PRACTICE DENTAL HYGIENE AUTHORITY**

**Pursuant to 32 M.R.S. §18302 §§ 23**, an Independent practice dental hygienist "...means a person who holds a valid license as a dental hygienist issued by the board and who is authorized to practice independent dental hygiene."

**Scope of practice – see 32 M.R.S. §18375**

### **STANDARD APPLICATION**

An application for examination shall include:

- ☐ Completed and signed Application (pgs. 1-14)
- ☐ Payment of applicable fee(s)
- ☐ Payment of a Criminal History Records Check Fee of \$21.00 (if applicable)

**Note: All fees can be in one payment.**

- ☐ Completed Verification of Licensure Form(s)
- ☐ Completed Verification of Clinical Supervision Form(s)
- ☐ NPDB Self-Query Report
- ☐ Current; valid CPR Certification
- ☐ Out of State Criminal Background check report(s) (if applicable)

STATE OF MAINE / BOARD OF DENTAL PRACTICE

**Mailing Address:** 143 State House Station, Augusta, Maine 04333-0143 **Courier address:** 161 Capitol Street, Augusta, Maine 04330  
Phone: (207) 287-3333 Fax: (207) 287-8140 TTY users call Maine Relay 711 Website: [www.maine.gov/dental](http://www.maine.gov/dental)

### Frequently Asked Questions:

- **Where do I send my application?** Our mailing address is 143 State House Station, Augusta, Maine 04333- 0143.
- **Where are you located?** 161 Capitol Street, Augusta, Maine.
- **What hours are you open?** 8:00 a.m. to 5:00 p.m. weekdays.
- **Can I come to Augusta to drop off my application?** Yes. You will not leave with a license, though.
- **Can I come to Augusta to pick up my license?** No. Your license will be mailed to you.
- **How can I check the status of my application?** You can check our website:  
[www.maine.gov/dental](http://www.maine.gov/dental)
- **How far back do I go answering the criminal conviction question?** Any conviction, ever.
- **Can I fax my application?** No.

### NOTICES

**BACKGROUND CHECK:** Pursuant to 5 M.R.S.A. §5301 - 5303, the State of Maine is granted the authority to take into consideration an applicant's criminal history record. The Maine Board of Dental Practice requires a criminal history records check as part of the application process for all applicants.

**PUBLIC RECORD:** This application is a public record for purposes of the Maine Freedom of Access Law (1 MRSA §401 et seq). Public records must be made available to any person upon request. This application for licensure is a public record and information supplied as part of the application (other than social security number and credit card information) is public information. Other licensing records to which this information may later be transferred will also be considered public records. Names, license numbers and mailing addresses listed on or submitted as part of this application will be available to the public and may be posted on our website.

**SOCIAL SECURITY NUMBER:** The following statement is made pursuant to the Privacy Act of 1974 (§7(B)). Disclosure of your Social Security Number is mandatory. Solicitation of your Social Security Number is solely for tax administration purposes, pursuant to 35 MRSA §175 as authorized by the Tax Reform Act of 1975 (42 USC §405(C)(2)(C)(1)). Your Social Security Number will be disclosed to the State Tax Assessor or an authorized agent for use in determining filing obligations and tax liability pursuant to Title 36 of the Maine Revised Statutes. No further use will be made of your Social Security Number and it shall be treated as confidential tax information pursuant to 36 MRSA §191.

Before you seal the envelope, did you:

- Complete every item on the application including the criminal background disclosure question?
- Sign and date your application?
- Include the required fee(s). Make checks payable to "Maine State Treasurer" or complete the credit card section on the application. **DO NOT SEND CASH.**
- Make a copy of your application to keep for your records.



STATE OF MAINE  
BOARD OF DENTAL PRACTICE

143 State House Station, Augusta, ME 04333-0143

INDIVIDUAL APPLICATION

APPLICANT INFORMATION (please print)			
FULL LEGAL NAME	FIRST	MIDDLE INITIAL	LAST
ANY OTHER NAMES EVER USED			
DATE OF BIRTH	mm / dd / yyyy	SOCIAL SECURITY NUMBER	
MAILING ADDRESS			
CITY	STATE	ZIP CODE	COUNTY
PHONE ( )	FAX ( )	E-MAIL	

CRIMINAL BACKGROUND DISCLOSURE

NOTE: Failure to disclose criminal convictions may result in denial, fines, suspension and/or revocation of a license.

1. Have you ever been charged, summonsed, indicted, arrested or convicted of any criminal offense, including when those events have been deferred, set aside, dismissed, expunged or issued a stay of execution?

(circle one) NO YES

If yes, enclose a detailed description of what happened (including dates), police report and a copy of the court judgment.

By my signature, I hereby certify that the information provided on this application is true and accurate to the best of my knowledge and belief. By submitting this application, I affirm that the Maine Board of Dental Practice will rely upon this information for issuance of my license and that this information is truthful and factual. I also understand that sanctions may be imposed including denial, fines, suspension or revocation of my license if this information is found to be false.

SIGNATURE

DATE

Board of Dental Practice

Required Fee: \$21.00  
(includes Criminal History Records Check Fee)

Office Use Only

2619 - \$  
2631 - \$  
2690 - \$21.00

Please Select License Type:

- ☐ Independent Practice Dental Hygiene Authority

Office Use Only

Check # \_\_\_\_\_  
Amount: \_\_\_\_\_  
Cash #: \_\_\_\_\_  
License #: \_\_\_\_\_

PAYMENT OPTIONS:

Make checks payable to "Maine State Treasurer" - If you wish to pay by credit card, fill out the following:

NAME OF CARDHOLDER (please print)	FIRST	MIDDLE INITIAL	LAST
I authorize the Maine Board of Dental Practice to charge my <input type="checkbox"/> VISA <input type="checkbox"/> M/C <input type="checkbox"/> Discover <input type="checkbox"/> AMEX the following amount: \$ _____			
Card number:	XXXX-XXXX-XXXX-XXXX	Expiration Date	mm / yyyy
SIGNATURE	DATE		

High School Education		
Name of Academic Institution:		
Mailing Address:		
City:	State:	Zip Code:
Major:	Degree Granted:	Date Conferred:

Dental Hygiene Education		
Name of Dental School Attended:		
Mailing Address:		
City:	State:	Zip Code:
Degree Granted:		Date Conferred:

National Dental Hygiene Examination
Did you successfully pass the national examination? Circle one: Yes or No
Date Taken:

Regional Examination
Did you successfully pass a regional examination? Circle one: Yes or No
Name of Examination:
Date Taken:

Current or Intended Place of Employment		
Name of Employer:		
Mailing Address:		
City:	State:	Zip Code:
Dates:		

### Previous Employment

List in chronological order all professional experience including full work history.

Dates	Name of Practice	Address	Name of Supervising Dentist



### Continuing Education Activities

Please list continuing education activities that you have completed during the past two years prior to this application.

Date	Title of Activity	Hours Earned

### **Credentialing History**

Have you ever held a professional license/certification/registration in this or any other state/country?

☐ YES      ☐ NO

If yes:

Profession	License #	State/Country	Date Issued	Expiration Date

### **Out of State Background Check**

Please list the states in which you reside or have resided in for the previous ten (10) years – you must provide a criminal background check report for each of the states listed:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### **Licensure / Disciplinary Questions**

Please circle each answer. If any of the following questions are answered yes, please provide details on a separate sheet and attach to application.

1. Have you ever been denied licensure in any state, Canadian province or other country?

YES NO

2. Have you ever possessed a license to practice that was suspended, revoked or subjected to other disciplinary action?

YES NO

3. Have your practice privileges ever been restricted?

YES NO

4. Have you ever left a dental licensing jurisdiction (INCLUDING MAINE) while a complaint or allegation was pending?

YES NO

5. Have you ever been denied registration or had your ability to administer, prescribe, dispense controlled substances modified, restricted, suspended, revoked, or voluntarily suspended by:

a. U.S. Drug Enforcement Administration (DEA)? YES NO

b. Any state, territory of the U.S., including Maine? YES NO

6. Have you ever received a sanction from the Center for Medicare and Medicaid Services or any state Medicaid program?

YES NO

7. Have you ever rendered services illegally?

YES NO

8. Are you now, or have you ever been, addicted to the use of alcohol, narcotic or other drugs?

YES NO

### **Licensure / Disciplinary Questions**

Please circle each answer. If any of the following questions are answered yes, please provide details on a separate sheet and attach to application.

9. Are you now, or have you ever been hospitalized or undergone treatment for alcohol or drug dependency?

YES NO

10. Have you ever been hospitalized for the treatment of mental illness?

YES NO

11. Have you ever been diagnosed with or treated for a medical, mental health, or addictive condition which in any way currently limits or impairs your ability to practice dental hygiene or to function as a dental hygienist?

YES NO

12. Have you ever been diagnosed with or treated for any medical mental health, or addictive disorder that impaired your behavior, judgment, understanding, or ability to function in school, work or other important life activities?

YES NO

13. Have you had a disabling physical or mental illness(es) that resulted in any hospitalization or that prevented you from working or carrying out your usual daily responsibilities for more than 30 days?

YES NO

14. Have you raised the issue of consumption of drugs or alcohol or the issue of a medical, mental health or addictive disorder as a defense or in mitigation of, or as an explanation for your actions in the course of any administrative or judicial proceeding or investigation; any inquiry or other proceeding; or any proposed termination action (educational, employer, government agency, professional organization, or licensing authority)?

YES NO

15. Are you currently engaged in the use of illegal use of drugs or misuse of any drugs?

YES NO

### **Licensure / Disciplinary Questions**

Please circle each answer. If any of the following questions are answered yes, please provide details on a separate sheet and attach to application.

16. Have you ever had a claim or suit alleging malpractice liability in which you are/were named as a defendant, including nuisance suits settled, adjudicated by a court in favor of the other party, or settled by your insurance company/representatives without your express consent?

YES

NO

17. Are you currently in default on payment of student loans?

YES

NO

18. Have you read the laws and rules governing dental practices in Maine?

YES

NO

### **Affidavit of Applicant**

I have read and completed this application and attest that all information is true to the best of my knowledge. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for denial, suspension or revocation of my license to practice dental hygiene in the state of Maine.

I hereby authorize all hospitals, institutions or organizations, personal physicians, employers (past and present), business and professional associations (past and present), and all government agencies and instrumentalities (local, state, federal or foreign) to release to the Maine Board of Dental Practice, my references and information, files, or records requested by the Board in connection with processing of this application. I hereby authorize the Maine Board of Dental Practice to use photocopies of this authorization and waiver in lieu of the original.

I further authorize the Maine Board of Dental Practice to release to the organizations, individuals and groups listed above, any information which is material to my application.

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

## VERIFICATION OF LICENSURE

**To be completed by applicant prior to mailing to each state in which you now hold or have ever held a license to practice. Please print.** (This form may be copied as necessary.)

Applicant

Name: \_\_\_\_\_

Address:

(state)

(zip code)

License Type/Number: \_\_\_\_\_ Date Issued: \_\_\_\_\_

I hereby authorize the Board of Dentistry of the State of \_\_\_\_\_  
to furnish to the Maine State Board of Dental Practice the information requested below.

Applicant Signature:

Date:

**To be completed by the State Licensing Board verifying the above information. Please complete this section and return to the applicants address above:**

**LICENSING BOARD OR AGENCY:** This is to certify that the above-named was issued:

License #

Date issued

Date of expiration

**Current Status of License: (check all that apply)**    ☐Active    ☐Inactive    ☐Lapsed  
☐Probation    ☐Restricted    ☐Suspended    ☐Revoked

**Disciplinary Action:** (If yes, please attach a copy of the decision and a detailed explanation for the discipline and a copy of the consent agreement(s) or decision & order(s) issued)

Has this license ever been revoked, suspended, limited, surrendered, restricted, placed on probation, encumbered in any way or is it currently under investigation? ☐ Yes ☐ No

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

State completing this form:

Date: \_\_\_\_\_

(SEAL)



STATE OF MAINE  
BOARD OF DENTAL PRACTICE  
143 STATE HOUSE STATION  
AUGUSTA, ME 04333-0143

Independent Practice Dental Hygiene  
Clinical Practice Verification Form  
Page 1 of 2

Use a separate form for each person verifying experience and for each employment setting.  
If more space is needed, attach an additional sheet. Please print clearly.

Applicant Data (To be completed in full by Applicant)		
Name of Licensee:		License Number:
Mailing Address:		
City:	State:	Zip Code:
Work Telephone:		Original Licensure Date:
Place of Employment During Clinical Practice:		

Education and Clinical Supervision Hours Qualifications – Please select Option A or B (To be completed in full by Applicant)		
Option A <input type="checkbox"/>	Associate's degree and <b>5,000</b> clinical hours during preceding 6 years	<input type="checkbox"/> RDH clinical supervision hours <input type="checkbox"/> RDH w/Public Health clinical supervision hours
Option B <input type="checkbox"/>	Bachelor's degree and <b>2,000</b> clinical hours during preceding 4 years	<input type="checkbox"/> RDH clinical supervision hours <input type="checkbox"/> RDH w/Public Health clinical supervision hours

I ATTEST THAT ALL OF THE INFORMATION IS TRUE TO THE BEST OF MY KNOWLEDGE..

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_



PRINTED ON RECYCLED PAPER

OFFICE PHONE: (207) 287-3333

FAX: (207) 287-8140

TTY USERS CALL MAINE RELAY 711  
OFFICES LOCATED AT 161 CAPITOL STREET, AUGUSTA, MAINE  
[www.maine.gov/dental](http://www.maine.gov/dental)

**Independent Practice Dental Hygiene  
Clinical Practice Verification Form  
Page 2 of 2**

<b>Supervising Dentist Information</b> <b>(To be completed in full by Supervising Dentist)</b>		
Name of Supervising Dentist:	License Number:	
Mailing Address:		
City:	State:	Zip Code:
Work Telephone:	Home Telephone:	

<b>Clinical Practice Information of Applicant*</b> <b>(To be completed in full by Supervising Dentist)</b>	
Total Number of Hours Applicant Worked Per Month	
Total Number of Hours Per Month Supervised Clinical Practice was Provided	
Total Number of Hours Applicant Worked During the Period Listed Below	
Dates the Applicant was Under your Supervision: From _____ To _____ <div style="text-align: center; font-size: small;">             month/day/year                      month/day/year           </div>	
<b>(Note: The supervision must be 5,000 hours in 6 year period or 2,000 hours in 4 year period immediately preceding application.)</b>	
1. Do you recommend that this applicant be granted the authority to practice dental hygiene independently? [    ] YES    [    ] NO If not, please describe why:  <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div>	

I ATTEST THAT ALL OF THE INFORMATION IS TRUE TO THE BEST OF MY KNOWLEDGE. I ALSO AGREE TO RETURN THIS FORM TO THE LICENSEE FOR MAILING TO THE BOARD OF DENTAL PRACTICE.

Signature of Supervising Dentist: \_\_\_\_\_ Date: \_\_\_\_\_



BOARD OF DENTAL PRACTICE  
Jurisprudence Examination for Independent Practice Dental Hygiene Authority

Name \_\_\_\_\_

Date \_\_\_\_\_

(mm/dd/yyyy)

This examination must be completed with a successful grade of at least 90%. It is an open book examination. The answers may be obtained by going to our website at [www.maine.gov/dental](http://www.maine.gov/dental), then clicking on Maine Statutes and Rules on the home page; or by contacting the Board office to request that a copy of the Maine Dental Practice Act be sent to you. Please circle either "TRUE" or "FALSE" to each question below:

		TRUE	
FALSE			
1.	Dentures (full) need not contain any form of identification.	T	F
2.	The Board may conduct or authorize an investigation of violations of the laws relating to the practice of dentistry, dental hygiene, denturism and dental radiography.	T	F
3.	It shall be unlawful for any person not otherwise authorized by law to practice dental radiography without having a current license issued by the Board.	T	F
4.	A registered dental hygienist may remove sutures and apply desensitizing agents under general supervision of a dentist.	T	F
5.	Failure to notify the Board of a change of name or address within 30 days subjects the licensee to a \$25.00 fine.	T	F
6.	If the Board concludes that modification or non-renewal of a license might be in order, the Board shall hold an adjudicatory hearing.	T	F
7.	The Board may request an informal conference if they receive a complaint about a licensed dental professional.	T	F
8.	A dentist is not liable for the activities of a denture technologist in his/her employ.	T	F
9.	A patient entering a multi-dentist practice must be informed of his/her dentist of record.	T	F
10.	A registered dental hygienist may apply pit and fissure sealants under general supervision only after the dentist has determined the site acceptable, unless the hygienist is involved in a public health or school sealant program.	T	F
11.	The Board shall notify the licensee of the content of a complaint filed against the licensee within 60 days.	T	F
12.	An IPDH cannot perform duties under the supervision of a dentist.	T	F
13.	AN IPDH shall provide to a patient a written plan for referral to a Dentist for any necessary dental care.	T	F
14.	A registered dental hygienist or dental assistant may take impressions for study casts.	T	F

15.	A registered dental hygienist may place gingival retraction cord, without vasoconstrictor, under general supervision.	T	F
16.	A license or certificate of ability to practice is automatically suspended for failure to pay the registration fee by February 1.	T	F
17.	A licensee notified by the Board of a complaint against him/her shall respond. within 30 days.	T	F
18.	Every act constituting a violation of the Dental Practice Act is a separate offense.	T	F
19.	A registered dental hygienist must be 18 years of age or over, have graduated from a CODA accredited dental hygiene program and passed National and Regional Board exams.	T	F
20.	Dental hygienists may administer local anesthesia under general supervision.	T	F
21.	The Board of Dental Examiners consists of seven members, three dentists, two hygienists and two public members.	T	F
22.	Failure to use a lead apron on a patient when taking radiographs constitutes incompetence.	T	F
23.	A dental auxiliary may cement orthodontic bands or appliances to a patient's patient's teeth.	T	F
24.	The Board does not grant licensure by endorsement for dental hygienists or dentists.	T	F
25.	A dental hygienist must complete 30 hours of continuing education units and be CPR certified every biennium to renew the license.	T	F
26.	A Registered Dental Hygienist license (RDH) issued by this Board automatically expires upon issuance of an Independent Practice Dental Hygiene license (IPDH) to the same person.	T	F
27.	A dentist must complete 60 hours of continuing education credits every biennium to renew the license.	T	F
28.	The Subcommittee on Dental Hygienists shall adopt rules relating to the practice of dental hygiene.	T	F
29.	A dental hygienist applying for public health supervision status must still practice under the general supervision of a dentist.	T	F
30.	A dentist employing an unregistered dental hygienist or dental radiographer commits a Class E crime and may be fined.	T	F
31.	The Board may adopt Rules and Regulations relative to the Dental Practice Act.	T	F
32.	A dental assistant may apply fluoride to control caries and place retraction cord.	T	F

33.	A license or certificate of ability to practice granted by endorsement must state this on the certificate.	T	F
34.	A registered dental hygienist may perform defined duties only under the direct or general supervision of a dentist.	T	F
35.	A registered dental hygienist may perform all the duties of a dental assistant.	T	F
36.	A dentist or dental hygienist must pay the biennial re-licensure fee on or before January 1.	T	F
37.	Drug addiction or chronic alcoholism are causes for which a license may be suspended or revoked.	T	F
38.	An IPDH may place and remove rubber dams.	T	F
39.	Registration cards must be exhibited near the license or certificate of ability to practice.	T	F
40.	Under the direct supervision of a dentist, a dental assistant may prepare teeth for banding or bonding of orthodontic brackets only.	T	F
41.	The purpose of the Board of Dental Examiners is to protect the dentists and dental hygienists in the State of Maine.	T	F
42.	An IPDH can enter into arrangements with a licensed Denturist of another IPDH.	T	F
43.	If an applicant for licensure for IPDH has proof of an Associates degree and 2,000 work hours of clinical practice they qualify for licensure.	T	F
44.	A dentist or dental hygienist must furnish the Secretary of the Board with the places of practice.	T	F
45.	A dental hygienist may obtain a permit to administer nitrous oxide after successful completion of a course in a CODA approved program or other MBDE approved course.	T	F
46.	A dental hygienist may perform a complete prophylaxis, including root planing and curettage under general supervision of a dentist.	T	F
47.	Evidence of mandatory continuing education and CPR certification is required for renewal or reinstatement of a dental or dental hygiene license.	T	F
48.	The dental hygiene members of the Board of Dental Examiners are full voting members of the Board.	T	F
49.	A hygienist may only provide services to patients of record of his/her supervising dentist, except under Public Health Supervision status.	T	F
50.	A dental hygienist, denturist or dental radiographer may perform only those duties delegated by the Maine Dental Practice Act and Rules.	T	F